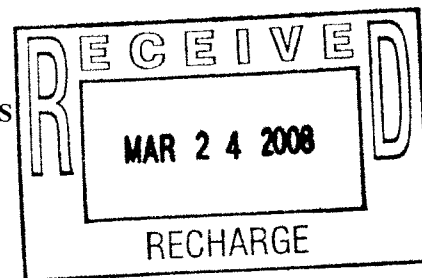


ARIZONA DEPARTMENT OF WATER RESOURCES  
Water Management Division  
3550 North Central Ave, 2<sup>nd</sup> Floor  
Phoenix, Arizona 85012-2105  
Phone (602) 771-8585 Fax (602) 771-8689



APPLICATION FOR A RECOVERY  
WELL PERMIT (§ 45-834.01)

APPLICATION FEE OF \$ 50.00 PER WELL FOR  
THE 1ST 10 WELLS PLUS \$ 10.00 PER WELL  
THEREAFTER IS DUE UPON FILING

PERMIT FEE (SAME AS APPLICATION FEES), PLUS  
NOTICE AND PUBLICATION FEES TO BE DETERMINED,  
ARE DUE PRIOR TO ISSUANCE OF PERMIT.

PLEASE SUBMIT ONE ORIGINAL AND TWO COPIES OF THE  
COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS.

FOR OFFICE USE ONLY

Application No. 74-216380  
Date Received 3-24-08

1. Name of Applicant: JF Purchase, LLC

426 North 44<sup>th</sup> Street, Suite 100

Mailing Address

Phoenix

City

AZ

State

85008

Zip

Contact Person Tom Hennessey

Telephone 602.955.2424

Fax 602.955.3543

2. Name of Active Management Area or Irrigation Non-Expansion Area if applicable, and name of groundwater basin and  
subbasin where the facility will be located Hassayampa Subbasin in the Phoenix Active Management Area.

3. Name of the owner(s) of the land where wellsites are located TW Purchase LLC – Attachment 1 Landowner  
Consent

Mailing Address 426 N. 44<sup>th</sup> Street, Phoenix, Arizona 85008

(If more than one owner, attach a list showing corresponding land owner and well registration number(s)).

4. Legal description of the land where water will be used Secs. 12, 13 & 24, Township 3 North Range 5 West; Secs.  
7, 8, 17 & 18, Township 3 North, Range 4 West

(quarter/quarter/quarter/section, township and range)

5. The recovered water will be used for Municipal and Industrial

6. The recovery wells will be used to recover water stored pursuant to Water Storage Permit No. 73-560428 or long-term storage account number. N/A – Please see attached Long Term Storage Credit Transfer Form – Attachment 2.
7. Complete the following for each constructed well. If data supplied differs from the ADWR well registry, please submit a change of well information form. Attach supplement if needed. **Please see attached copy of the Impact Analysis completed by Southwest Groundwater Consultants, Inc. – Attachment 3.**

Name of Well Owner	Well Registration Number	Location: ¼, ¼, ¼, Section. Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (Inches)	Proposed Annual Volume (Acre-Feet)	Date Well Constructed
TW Purchase LLC	55-210425	NW NE NW § 18 T3N R4W	1400	1240	18	2,258	11/15/06

8. Complete the following for each proposed well to be constructed.

Well Registration Number	Location: ¼, ¼, ¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Estimated Date of New Well Construction	Estimated Time Required To Complete Well

I (We), IF Purchase, LLC, the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.

602.955.2424

Telephone

James A. Kuny  
Signature of owner or authorized agent

Chief Operating Officer, El Dorado Holdings, Inc. Mgr.  
Title of El Dorado Holdings, LLC, an Arizona Limited Liability Co.,  
Member of IF Purchase LLC, an Arizona Limited Liability Co.

426 N. 44<sup>th</sup> Street, Suite 100

Mailing Address

Phoenix

City

AZ

State

85008

Zip

STATE OF ARIZONA )

County of Maricopa )

ss.

Subscribed and sworn to before me this 27 day of February, 20 08.

June Prinz  
Notary Public

2-27-11  
My commission expires:

